PLEASE COMPLETE THIS FORM ON YOUR SCREEN THEN PRINT AND FAX

CANADIAN ETHNIC STUDIES ASSOCIATIO otel Reservation Sixteenth BiennialConference ADLINE: FRIDAY, SEPTEMBER 21, 2001* FAX: (902) 492-6467 2-4 November 2001 **HALIFAX** Payment: ersonal Information: □ Mr. □ Ms □ Mrs. Dr Please include a first night's room and tax deposit with this form to confirm and guarantee your reservation by enclosing a cheque, money order or credit card number. Make cheque or money order st Name payable to: Delta Halifax. Please do not send currency. ganization/Unit Cheque (payable to Delta Halifax) Money order (payable to Delta Halifax) Credit Card: iling Address Province/State Credit Card Number stal Code/Zip Country **Expiration Date** Fax siness Telephone Credit Card Holder's Name (Print clearly) nysical Challenges: Card Holder's Signature you have any physical challenges of which the hotel should be (Refundable if reservation is cancelled 72 hours prior to arrival. □ No □ Yes are? Please retain cancellation number provided). ecify: The Delta Halifax will be the site of the 16th Biennial Conference. rival and Departure Dates: Please mail or fax this form directly to the hotel. Envelope should t ·mmm-yyy addressed as follows: ival Date: The Delta Halifax Reservations Department (Check-in time is 3:00 p.m.) ival Time: 1990 Barrington Street ·mmm-yyy Halifax, Nova Scotia **B3J 1P2** Telephone: (902) 425-6700 parture Date: (Check-out time is 1:00 p.m.) Fax: (902) 492-6467 om: *A block of rooms will be held until September 21, 2001. After this date, reservations will be accepted only if space is available. Spec indard Accommodations: ☐ Non-Smoking ☐ Smoking rates are not guaranteed. **IESTROOM TYPE:** Single OR Double Occupancy

\$129.00

\$139.00

above rates are subject to an additional 15% Harmonized Sales

LTA ROOMS:

3NATURE SERVICE ROOMS:

Aussi disponible en franca